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INSANITY AND THE REVIVAL.

BY THEODORE W. FISHER, M. D. HARV.

As allusion is frequently made to the effect of so-called revivals of religion in producing insanity, I will give brief abstracts of a few cases seen within the past two months, in which this cause seemed to have had some influence. As a large part of the Tabernacle audiences was composed of persons from the country, these city cases will give no idea of the whole number, but will give a glimpse of the way in which undue religious excitement produces or helps to produce insanity. I have not included cases in which the fasting and special services of Lent have been instrumental in bringing on mental disorder, though a few such occur yearly.

CASE I. Mr. A., thirty years old, single. No insanity in family acknowledged. Is robust, of good color, and apparently in good physical condition. No cause for the present attack assigned, except undue interest in religion. Attended the meetings at the Tabernacle, and read religious books just previous to his recent outbreak. Now very much excited, and under the delusion that he is Christ, and can control the movements of those around him. Sleeps little. Walks and talks constantly. Violent if opposed. Sent to an asylum.

CASE II. Miss B., thirty-seven. Is a member of some evangelical church. Two uncles were "Millerites." Has suffered from debility and bad teeth this winter. Went to the Tabernacle and was much interested, but took cold from a draught, and had facial neuralgia. Attended special meetings in her own church, and became "reconverted." Sang the "gospel hymns" of Mr. Sankey continually. Mania soon developed, with the delusion that she was Christ, and was going to do great things for her church and the neighborhood. Very much excited, talking and singing day and night until utterly exhausted. Violent if opposed. Sent to an asylum.

CASE III. Mr. C., fifty-seven, married. Mechanic, and owns a patent. Out of business for several months. Came to Boston to collect money. Was attracted to the Tabernacle, and became much interested. Always of a religious turn of mind. Began to speak in the prayer and temperance meetings, and then felt a call to preach and teach in the

streets. Thought he must obey the Bible literally in all things. Gave up business, because David said he had "never seen the righteous forsaken," etc. Thought he should become "a son of God," if he allowed himself to be "led by the Spirit." Arrested three times by the police on account of his strange behavior while talking in the street, or waiting at a corner for the Spirit to tell him which way to go. After third arrest friends arrived, and took him home in a very violent condition.

CASE IV. Miss D., twenty-one. Member of a church. No insanity in family, but mother died of phthisis. Is of a conscientious, care-taking disposition, and inclined to go to the limits of her strength. Early this year read Mr. Moody's sermon on the second advent, and attended the "week of prayer" meetings at her home. Thought she was reconverted, and exhibited a strange and abstracted air. When questioned, only said, in an emphatic and mysterious manner, "*Watch!*" referring evidently to some great event about to take place in the church, probably the second coming of Christ. Soon became mildly delirious, losing sleep and appetite, and keeping her bed for a week or two. While physically convalescent, acted in a childish, weak-minded way, and dropped all allusion to religious subjects. Came to Boston, where I saw and prescribed for her. Soon recovered her mental equilibrium and went home, realizing her narrow escape from serious and perhaps permanent insanity.

CASE V. Miss E., twenty-one. No insanity in family, but is of a delicate constitution and nervous temperament. Three years ago became converted after a long and painful mental struggle, and joined the Episcopal Church. Was very ambitious, and was disappointed in getting a position in the Public Library, which was needed on account of her mother's poverty. Six months ago first showed her mental disturbance by her conduct at a church meeting. Developed a morbid self-conceit, and began to be rebellious under family restraint. Thought whatever she did was right, since she was under spiritual guidance, and that she was the daughter of some fine lady whose name was "King." Became unmanageable, and was sent to an asylum.

CASE VI. Mr. F., thirty-five, letter carrier, married. No insanity in family known. Always a nervous, talkative man, given to religious exhortation, in season and out of season, for a year or two. Much interested in the recent revival, and this spring concluded that he ought not to work on Sunday morning at the post-office. Was relieved from this special duty by another carrier by order of the postmaster. He then thought that he should have resigned his place, instead of "compromising," as he called it. Soon became actively melancholy, thinking that he had committed the unpardonable sin. Could neither sleep nor eat, and suicide was feared. Was sent to an asylum.

CASE VII. Mr. G., twenty-eight, single. Good physical health.

Cousin insane. Temperate. Salesman in one establishment for ten years. Changed his business lately. Has attended Tabernacle services. Is a regular attendant at church, but has lately refused to pay for a seat, and has sat where he chose, under the delusion that he had some peculiar claim to any seat. Recently had an attack of vertigo in a barber's shop, and soon after became maniacal and incoherent. Thinks he is directed to talk as he does by God, and attaches great importance to his ravings. Sent to an asylum.

CASE VIII. Mr. H., forty. Arrested by police. No facts known, and can get no information from him, except that he has attended the Tabernacle services and his name is "Moody Sankey." Is well dressed, with a farmer's frock on. Looks intelligent and in good health, but answers very slowly and reluctantly if at all. Don't seem to care where he goes or what is done with him. Sent to an asylum.

It would not be fair to attribute all these and similar cases to the effects of revival preaching. Insanity with religious delusions is common at all times, and takes its form from, when not in part caused by, the special religious belief in which the patient was educated. Insanity arises from perverted emotional states, and consists essentially in exaltation or depression, with exaggerated self-feeling. Religion also has its root in the emotional nature, and, as too often taught, leads directly to self-consciousness and morbid introspection. It encourages undue scrupulosity and excessive conscientiousness and self-accusation in persons of the purest lives. Repressed feeling in other directions especially tends to unhealthy and exaggerated religious feeling. This is particularly true of the sexual instincts when unsatisfied. There is, therefore, at all times a large number of persons ready to give themselves up to emotional excesses when encouraged by the example of others or upheld by popular sentiment.

This relation between morbid or mistaken religious feeling and mental disease is so intimate that melancholia takes on a religious aspect in many cases, even in persons of little or no religious training. Mental depression is very often accompanied by a sense of general wickedness or a delusion of having committed some particular sin, for which the patient's mental suffering is the punishment. The delusion of actual suffering in hell or of the tormenting presence of the devil is a usual sequence.

The technical "conversion" of the prevailing theology is a process so nearly parallel to the above train of symptoms that it easily passes into melancholia in some temperaments. "Conviction of sin" and "a sense of divine wrath" have upset the mental equilibrium of many a youth, at least temporarily. Reaction, however, generally occurs, accompanied by a joyful state of feeling, which may also run to excess and pass the bounds of reason. The sense of pardon and of special

divine favor may develop into "spiritual pride" and a belief in divine guidance or even possession. Then follows the delusion that the patient has divine power, or is himself Christ or God.

The number of persons actually made insane by religious excitement has probably diminished with the gradual softening of the rigors of orthodox belief. Those nowadays who, "like Sir Harry Vane, have caught gleams of the beatific vision or awaked screaming from dreams of everlasting fire," are apt to be accounted insane and treated accordingly. Religious maniacs as well as religious enthusiasts have decreased. Bucknill and Tuke state that the Emperor Marcus Aurelius was obliged to make a law condemning to banishment "those who do anything by which men's excitable minds are alarmed by a superstitious fear of the Deity." Pinel found that about one fourth of the cases of insanity with the causes of which he was acquainted were due to excessive religious excitement. During and after the French Revolution political took the place of religious excitement as a cause of insanity.

I have examined about sixty reports of asylums in the United States for the year 1876, and find in tables covering various periods 36,983 cases of insanity in which the probable exciting cause had been ascertained. The following table will show the number of cases attributed to undue religious interest:—

	Total of Cases.	Religious Excitement.	Percentage.
New England	5,547	276	4.97
Middle States	13,289	370	2.78
Southern States	2,299	171	7.43
Western States	15,848	1,327	8.37
United States	36,983	2,144	5.79

These figures must be taken with the allowance required by all statistics of this kind. They certainly show a large percentage of cases assigned to the cause in question, when we consider the large number of causes usually set down, especially in the Southern and Western States. It ranks with the first four or five out of more than thirty causes mentioned. The percentage in the Middle States is lowest, because the large cities of New York and Philadelphia furnish so few cases.

Perhaps it is needless to add that true religion does not in itself tend to produce insanity, but is its best moral preventive and antidote. It is the false theology and superstition too often mingled with popular religious instruction, and urged upon ignorant and susceptible minds with vehemence and implied threats of divine anger, that are liable to disturb an already too unstable mental equilibrium.

A CASE OF SPLENIC LEUCOCYTHÆMIA.

BY GEORGE S. STEBBINS, M. D., SPRINGFIELD.

G. H., aged forty-two years, resided in the South seventeen years, from the age of twenty to that of thirty-seven, during the last two years of which he suffered more or less continuously from fever and ague, and in 1861 he was confined to his bed for several months from the effects of malarial poisoning. For many months subsequent to this attack he was afflicted with a severe and very troublesome cough, attended with almost constant headache.

In 1872 he first came under my care for a severe pain in the region of the left hypochondrium extending to the left shoulder. The character of the pain simulated neuralgia, and promptly yielded to the tonic and sedative remedies frequently resorted to in that malady.

During the period from 1872 to 1876, he was a victim of what he styled, "bilious attacks," which were generally characterized by torpidity or congestion of the portal circulation, headache, constipation, loss of appetite, slow pulse, slightly furred tongue, and general malaise.

He was taken quite suddenly, about midnight, in March, 1876, with a severe pain in the right hypochondrium, and called in the nearest physician, who succeeded, after a time, by use of vigorous measures, in relieving him of his intense suffering. On the following day his physician detected a considerable swelling over the lower border of the liver, tender and painful on pressure.

It was his opinion, as well as that of the consulting physician, that it was a case of abscess of the liver, which they proposed to aspirate on the succeeding day. Previous to the hour appointed for this procedure, the external tumor suddenly collapsed and disappeared, and as its subsidence was soon followed by a profuse and intensely offensive discharge from the intestines, it was supposed to have discharged its contents into that channel.

Just what the tumor was, whether a suppurating gall-bladder, or an abscess proper, or something else, was not satisfactorily determined.

Two months later, in May, 1876, the patient began to complain of "fullness" and tenderness, and apparent hypertrophy of the spleen was observed.

During the succeeding summer and autumn the sense of oppression, tenderness, and the enlargement of the organ growing more and more marked, in obedience to the advice of friends he consulted a physician of Boston, under whose care he remained for several months. The treatment carried out by him consisted more especially of more or less frequent injections of ergotine into the spleen, which were followed by pain of greater or less severity, sometimes intense and continuing for

several hours, attended with vertigo and more or less syncope. The direct effect of the injections upon the spleen was a slight diminution in the size of the organ. It was so much enlarged that its lower border reached the point about midway between the crest of the ileum and the pubes, and laterally beyond the median line. The enlargement was uniform, the natural contour of the organ being perfectly maintained.

On February 28, 1877, I was summoned, and found him confined to his bed with the following symptoms: extreme vertigo and nausea on any attempt at moving or raising his head; great distention of veins of the head, neck, and upper extremities; face and eyelids slightly œdematous; pulse medium, full, slow, and soft; temperature 99°; tongue a little coated, but very dry; urine scanty and high colored; bowels constipated; occasional chills followed by slight febrile reaction; great thirst; and a most insatiable craving for food of any and every kind.

The treatment resorted to was a purgative dose of calomel, followed by saline laxatives in doses sufficient to insure regularity of the bowels, after which a tonic and gently stimulating course of treatment was adopted, combining phosphorus, quinine, iron, and brandy. For three or four days the giddiness and nausea considerably abated, after which it increased in severity, when, on about the ninth day of his illness, hæmorrhage from the stomach began, which persisted until his death, forty-eight hours later. At intervals of from one to three hours he would vomit blood in quantities varying from a gill to a quart. He lost in this manner almost the entire blood in his body. There were dark, tarry, bloody stools.

The autopsy revealed the following: the spleen was found to weigh sixty-eight ounces, and had pressed upon the greater curvature of the stomach so firmly as to cause a well-marked indentation into the substance of the spleen. The substance of the organ was quite hard or firm, somewhat mottled, and the Malpighian corpuscles were quite prominent. The liver, which did not extend much if any below its normal level, was found greatly thickened and enlarged antero-posteriorly, and, like the spleen, had been producing pressure upon the other extremity of the stomach. There were no evidences of abscess of the liver, as it was surmised there would be.

The mucous membrane of the stomach was softened, and the walls of the organ remarkably attenuated. There was but very little blood in any part of the body save in the stomach, which was nearly full. The blood was of a dark, muddy, chocolate color, so well described by Trousseau. The structure of the liver was normal in appearance. The diminution of the red and great increase of the white blood corpuscles so pathognomonic of leucocythæmia was remarkably apparent upon microscopical examination, the leucocytes being in great preponderance. The peculiar ravenous appetite of the patient was one which I believe

will generally be found to attend any considerable hypertrophy of the liver, when the substance of the organ remains otherwise normal.

The case is one of interest as illustrating the declaration that "the spleen is the birthplace of the *white* and the burial ground of the *red* corpuscles," and also as showing the chronic, steadily progressive course of malarial blood-poisoning, terminating in its destruction, decomposition, and death from hæmorrhage and exhaustion. The cause of the profuse hæmorrhage was doubtless chiefly mechanical, the enlarged liver and spleen producing sufficient pressure upon the blood-vessels to impede greatly the return of blood from the upper extremities, and, as Trousseau suggests, there was doubtless extensive rupture of the capillaries of the stomach, caused by their becoming clogged by the larger white globules or leucocytes becoming agglutinated. There were no other conditions or appearances to account satisfactorily for the rapid loss of blood.

RECENT PROGRESS IN PHYSIOLOGY.

BY HENRY P. BOWDITCH, M. D.

VASO-MOTOR MECHANISM.

In the report on the progress of physiology published in this journal in January, 1875, an account was given of the experiments which led Goltz to the conclusion that vascular dilatation in any part of the body, following section of the nerve supplying that part, is due to irritation of vaso-dilator nerve fibres, and not, as generally believed, to paralysis of vaso-constrictor fibres. Allusion was made also to the observations of Putzeys and Tarchanoff, pupils of Goltz, who found, in opposition to their teacher, that electrical irritation of the peripheric end of a divided sciatic nerve causes always a contraction of the vessels of the limb, which gives place only after several minutes to a dilatation attributable to exhaustion. In this report an attempt will be made to present briefly the principal results reached by various observers who have recently endeavored to contribute to our knowledge of the vaso-motor mechanism.

In the first place it should be mentioned that Vulpian, in his *Leçons sur l'appareil vaso-moteur*, which appeared shortly after Goltz's paper,¹ criticised the statements therein contained, and asserted most emphatically that in numerous experiments on curarized and chloralized dogs, he had always found a contraction and never a dilatation of the vessels of the foot to follow an electrical irritation of the peripheric end of the divided sciatic nerve. Equally decided results were obtained by Eulenbourg and Landois² in their experiments on rabbits and dogs, the ef-

¹ Vol. ii., page 480.

² Virchow's Archiv, lxi. and lxxviii., and Centralblatt für die med. Wiss., 1877, page 104.

fect of irritation of the sympathetic and sciatic nerves being always a vascular contraction as indicated by a fall of temperature in the part.

Goltz, however, in a second article,¹ reasserted and defended his former opinions, maintaining that if, in accordance with current views on the subject, the vaso-constrictor nerves are supposed to be in a state of life-long tonic activity, it is unreasonable to attribute to their exhaustion the vascular dilatation which, after a short primary constriction, results from the irritation of a divided sciatic nerve, especially as the primary constriction is never so great as that which is constantly maintained during life. He brought forward, moreover, the following experiment, to support his theory: The spinal cord of a strong young dog was divided at the level of the last rib. A few days later, after the temperature of the hind limbs (which rises as the result of the operation) had returned to its normal level, both sciatic nerves were divided as high as possible in the thigh. After another interval of a few days, to allow the temperature to subside, the periphtric end of one of the sciatic nerves was cut away in successive small pieces from above downward, or nicked with scissors through its whole length, or hammered with Heidenhain's so-called "tetano-motor," or treated with strong sulphuric acid. The result of any one of these methods of irritation was to cause an immediate rise in the temperature of the leg operated on, the difference between the two legs amounting frequently to 10° C.

The question then arose, Why does irritation of the sciatic nerve under these particular circumstances cause dilatation of the vessels of the foot, while under ordinary circumstances the opposite result is produced? The first experiments throwing light on this question were those of Ostroumoff.² This observer, operating on curarized dogs, found that, while tetanic stimulation of the periphtric end of a *freshly divided* sciatic nerve caused a prolonged contraction of the vessels of the foot, indicated by a decided fall of temperature, the same stimulation applied to a nerve *three or four days after section* was followed by a rapid rise of temperature.

He found also that stimulation by single induction shocks, applied at intervals of five seconds, caused, even when the nerves were freshly divided, a rise of temperature in the foot. The same result could also be produced, though with difficulty, by certain very weak tetanic irritations. To explain these results Ostroumoff assumed the existence in the sciatic nerve of two sorts of vaso-motor fibres, namely: (1) vaso-constrictors, irritable by tetanic stimulation, and rapidly degenerating after section; (2) vaso-dilators, irritable by slow rhythmical stimulation, and degenerating slowly after section.

Kendall and Luchsinger,³ at about the same time, but entirely inde-

¹ Pfäuger's Archiv, xi. 52.

² Pfäuger's Archiv, xii. 219.

³ Pfäuger's Archiv, xiii. 197.

pendent of Ostroumoff, reached almost identical results in a series of experiments on dogs, cats, rabbits, and ducks. The rhythmical stimulation employed by these observers was rather more rapid (intervals of 0.5'' to 2'') than that used by Ostroumoff, which perhaps accounted for the greater difficulty which they had in causing vascular dilatation by irritating a freshly divided nerve.

Masius and Vaulair¹ were led by their experiments to conclusions very similar to those of Goltz, since they found that either electrical or mechanical stimulation of the sciatic nerve caused in almost every case (and nearly always immediately) a dilatation of the vessels of the foot. Their conception of the mechanism of vaso-motor action will be given in the latter part of this report.

Lépine,² in a series of well-devised experiments on curarized dogs, discovered, as did the above-mentioned German observers, that the time elapsing between the section and the irritation of the nerve affected the result of the irritation, the same stimulation causing in freshly cut nerves a contraction, and in nerves cut several days previously a dilatation of the cutaneous blood-vessels. He did not, however, like Ostroumoff and others, attribute this difference to a slower degeneration of vaso-dilator nerve fibres, for he found that stimulation of a recently divided nerve, which while the temperature of the foot was 30°C. had no marked effect on the size of the blood-vessels, produced a distinct dilatation (that is, a rise of temperature) when the foot had been previously cooled by immersion in water of 10° C., and an equally marked contraction (that is, a fall of temperature) when the foot had been warmed by plunging it into water of 60° C. He also found that if the rise of temperature in the foot, which naturally follows section of the sciatic nerve, was in any way prevented, as by a previous operation on the skull involving considerable hæmorrhage, stimulation of the peripheral end of the nerve caused not a contraction but a dilatation of the cutaneous blood-vessels. Endeavoring to determine more accurately the mechanism of these vaso-motor phenomena, Lépine found that a preliminary immersion of the foot in warm water caused a stimulation of the nerve to constrict the cutaneous vessels, even though the temperature of the foot had from other reasons (for example, curarization) fallen below the point at which a previous stimulation had caused a vascular dilatation. Lépine therefore concludes that it is not so much the temperature of the part which influences the result of stimulation of the nerve as the condition of the terminal nervous apparatus which regulates the calibre of the blood-vessels. This terminal apparatus (perivascular ganglia) has, according to Lépine, purely constrictor functions, and keeps the vascular walls in a constant state of tonic contrac-

¹ Gazette hebdomadaire, October 8, 1875.

² Société de Biologie, March 4, 1876.

tion. When stimulated by cold to its highest activity it so far reduces the size of the blood-vessels that irritation of the vaso-constrictor fibres of the sciatic can effect no further reduction, while the vaso-dilator fibres, also contained in the sciatic and affected therefore by the same stimulation, enlarge the vessels which cold has constricted.

On the other hand, when heat has lowered the tonic activity of the terminal apparatus, and caused dilatation of the vessels, the conditions presented are favorable for the action of the vaso-constrictor and unfavorable for that of the vaso-dilator fibres. The result of the experiment above alluded to is explained by Lépine on the supposition that the tonicity of the terminal apparatus reduced to a minimum by immersion in warm water had not been restored at the time of the stimulation, though the curare had caused a lowering of the temperature of the whole body. Hence the cutaneous blood-vessels were constricted by stimulation of the sciatic nerve in a way usually observed only in connection with a high temperature of the part.

In this connection is to be noted an observation of Eckhard,¹ who found, in studying the blood-vessels of the rabbit's ear, that in the earlier stages of curarization, when the vessels were of normal size or dilated, stimulation of a sensitive nerve caused a reflex vascular contraction, while in the later stages, characterized by constriction of the vessels, the same stimulus caused a reflex dilatation.

(To be concluded.)

NEW HAMPSHIRE MEDICAL SOCIETY.

THE eighty-seventh annual meeting of the New Hampshire Medical Society was held in Rumford Hall, in the city of Concord, on Tuesday, June 19, 1877. The president, Dr. A. B. Crosby, in the chair. The attendance was large.

The president, in opening the proceedings, congratulated the association on the favorable condition of the weather and on the large attendance of members, and trusted that the business to be transacted would be conducted with the customary harmony that had characterized previous meetings.

Prayer was offered by Rev. Mr. Campbell, of Franconia.

The reading of the journal of the last meeting of the society was dispensed with.

The report of the council was read by Dr. Conn, of Concord, the secretary. It specified the names of the following gentlemen as having been recommended as new members:—

John C. Marshall, of Lyme, S. N. Welch, of Sutton, M. F. Felt, of Hillsborough, Charles T. Leslie, of Sunapee, Edwin G. Wilson, of Laconia, Clarence W. Tolles, of Claremont, S. W. Davis, of Plymouth, H. M. Nash, of Manchester, Harvey Knight, of Fisherville, and Rufus A. Crittenden, of Plaisow.

¹ Beiträge, vii. 83.

The report on motion was considered by sections. The secretary was instructed to cast the list of names of new members as a ballot, and the gentlemen named thereon were declared elected.

The memorial of the society for the establishment of a state board of health was next considered, and was adopted by a unanimous vote.

The resolution to have the Subject Catalogue of the Army Medical Library printed was adopted, also a memorial to Congress on the subject.

A resolution touching the publication of the early medical records of the society was adopted.

A long debate took place on a recommendation of the council that "the duties of the nominating committee be changed to those of an executive committee; the number to be three instead of eight, whose duties it shall be to select the orators and the committees to prepare papers at the annual meetings, all papers to be submitted to the executive committee at least thirty days prior to the meeting at which they are to be read; and the committee, with the secretary, shall prepare an order of exercises, giving the name of the member to read the same, and cause the same to be printed and issued to the society with the circular announcement of the meeting. The executive committee shall also appoint the delegates to represent the society at Dartmouth Medical College and at the meetings of the American Medical College and the state associations." The bent of the discussion was opposed to giving such power into the hands of a few; and motions to postpone indefinitely, and to lay on the table, were made. The motion to lay on the table prevailed, with the specified proviso that the subject be taken up and disposed of during the afternoon session.

Dr. Knight, of Franklin, having taken the chair, President Crosby proceeded to deliver an oration. He began by some reminiscent remarks and congratulations on the prosperity of the society, and proceeded to discuss the subject, *The Ethical Relations of Physician and Patient*. It was a plain, practical analysis of the duties of the good physician towards his patients in all relations.

Dr. Cook, of Concord, moved the thanks of the society to the president for his excellent oration, which was referred to the publication committee.

At one o'clock a recess of ten minutes was taken.

On reassembling, Dr. Conn, of Concord, was introduced, and read a very able paper on the duties of governments properly to provide for the safety of their people's health by the establishment of sanitary and hygienic essentials. This duty was enforced by the relation of many appropriate instances showing the importance of sanitary administration. The misdirection of the means required for the conservation of public health was also alluded to with great weight of argument. One prominent feature of the paper was its earnest advocacy of a state board of health, as a great life-conserving and life-saving medium. The thanks of the society were tendered Dr. Conn, and his essay was referred to the publication committee.

At five minutes past two o'clock the society adjourned to attend the annual dinner, to reassemble at four P. M.

The annual dinner of the society took place in the Phenix Hotel, at two

o'clock, on Tuesday afternoon, and was a very enjoyable affair. After dinner speeches were made, and were chiefly reminiscent.

At the afternoon meeting a demonstration of the system of applying the plaster-of-Paris jacket, for the cure of curvatures of the spine, was given by President Crosby, the patient being a boy ten years of age.

Professor Field, of Dartmouth, read an able paper on Therapeutics, dwelling with special emphasis on the qualities of digitalis in the treatment of heart affections.

Dr. A. H. Crosby, of Concord, read a very acceptable essay on Orthodoxy and Heterodoxy in Medicine.

Dr. Allen, of White River Junction, described his method for the reduction of dislocation of the hip-joint.

Drs. W. B. Porter and A. P. Richardson, severally of Walpole, were admitted by ballot to membership.

Dr. Hill, of Dover, exhibited the operation of the Portland respiratory brace, for the relief of those who were unable to sleep in prostrate form on account of lung affections.

Sundry papers were read by their titles and referred to the publication committee, as were all the papers read.

Several district medical society reports were made, and similarly disposed of.

Drs. J. C. Eastman, A. F. Carr, and S. G. Hill were appointed a special committee to appear before the judiciary committee of the legislature to oppose "the medical-tramp" movement before that body.

Dr. Wheat, the treasurer of the society, made his annual report. The income during the past year was \$310, and the expenditures \$363. The Bartlett fund in the bank amounted to about \$1000.

JUNE 20th. The president called the society to order at 8.40 o'clock.

The subject of the loose manner of licensing graduates was discussed at some length, it being apparent that no reliable system exists at present. There is no regular rule as to examinations. Dr. Frost moved that the board of censors to be elected should be organized by the appointment of a chairman and secretary, that examination should be had of the time and place of graduation of licentiates, and that their licenses should become subjects of the society's record. In discussing the motion it was suggested that delegates to colleges should report the names of graduates at these institutions at the periods of their visitations; further, that a special committee of three of the board of censors should be appointed as an examining and licensing committee, who should keep a record of licentiates, and report the same, with the details of their qualifications, to the society. The latter suggestion was adopted by Dr. Frost, and his motion was passed unanimously.

The subject of licensing on diplomas was taken up, and it was the opinion and the practice of censors, as it appeared, not to recognize any diploma not granted by an approved college or medical institute.

Dr. Thomas Wheat, of Manchester, was unanimously reelected for treasurer.

For executive committee, Drs. W. W. Wilkins, of Manchester, J. W. Parsons, of Portsmouth, and G. W. Carter, of Concord, were elected by seventeen out of nineteen votes.

For censors the following gentlemen were elected: Drs. Frost, of Hanover, Tolles, of Claremont, Hersey and Adams, of Manchester, Cogswell, of Warner, Parsons, of Portsmouth, Barney and Crosby, of Concord, Sanborn, of Franklin, and Gould, of Raymond.

For council: Drs. Gage, of Concord, Weymouth, of Andover, Jarvis, of Claremont, Anthonie, of Antrim, Lathrop, of Dover, Fowler, of Bristol, Childs, of Bath, Crittenden, of Plaistow, Wheeler, of Pittsfield, and Adams, of Manchester.

Drs. Conn, Barney, and Gage were appointed a committee to attend to the petition to the legislature in regard to a board of health for the State.

Professor Smith offered a motion that Dr. Bancroft, of the Asylum for the Insane, be requested to investigate the condition of the insane in the various almshouses and county houses, and report to this society. This process he explained to be merely an introductory step toward legislative action. The statistical facts expected to be gleaned by Dr. Bancroft, who was willing to perform the duty, would compel the legislature to act in the removal of great abuses. After much discussion the motion of Professor Smith was unanimously passed.

Dr. Gage, of Concord, suggested an examination of the condition of the state-prison by the society as a matter of humanity as well as of duty.

Dr. Eastman, from the special committee on the medical-tramp bill, made a report of the action of that committee before the judiciary committee, which he believed would have good effect. He referred to one argument the committee had used in shape of a report of the examination on Tuesday evening of a candidate for license as a medical practitioner, a copy of which is appended:—

"Never read a word of medicine. Had practiced medicine eight years."...

"How do you know a case of consumption?"

"By a long and protracted cough, loss of flesh, and looks like death. I infer there is consumption, but when in doubt test the case by the following cough medicine. I find if it can be taken, there is no consumption. It is tolu balsam, fir, licorice, squills, and ipecac. It is the balsam and tolu which render it impossible to be taken in consumption. It works like a charm, and cannot be beaten for a cough syrup."

The subject of splints for fractures was discussed, and sundry splints of novel description were exhibited and described by members.

Prof. Albert Smith, of Peterborough, made a report on the records of the society, showing that they existed in good condition, and giving some account of their leading features. The report was referred for publication.

A discussion on the treatment of aneurism was conducted at considerable length.

On motion of Dr. Hill, of Dover, it was voted that when adjournment took place it should be to meet in Concord on the third Tuesday of June, 1878.

On motion of Dr. Conn, the society voted to accept the invitation of the North Essex Medical Society to join in their annual excursion next fall.

On motion of Professor Smith, it was resolved that the members of this society who attended the reception of the physicians of Concord would ex-

press their obligations to them for the pleasant and agreeable meeting and elegant repast given at the same.

The president made some very interesting practical remarks on Lithotomy.

Dr. Parsons, of Portsmouth, read a paper descriptive of operations for the reduction of Strangulated Hernia.

A final adjournment took place at half past twelve o'clock.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

O. W. DOB, M. D., SECRETARY.

MAY 7, 1877. *Laceration of the Cervix Uteri as a Cause of Uterine Disease.*

— DR. BAKER read a paper upon this subject which is reserved for publication.

DR. HILDRETH asked Dr. Baker if he knew of any cases of lacerated cervix which had been operated upon directly after the accident; if not, how soon after confinement would he advise the operation to be performed.

DR. BAKER replied that he should operate in about a month after the injury; he had never known of any case being operated upon earlier than that. As regards the result of the operation, he thought that failure would be very rare if care were taken to bring the whole denuded surface together: all the cases which he had operated upon had been successful, and of the many cases which he had seen operated upon by Dr. Emmet, at the New York State Hospital for Women, all had been successful excepting one, and that was only a partial failure.

DR. J. G. BLAKE asked if any preliminary treatment was necessary, saying that the English surgeons refer to their want of success in this operation.

DR. BAKER said it was necessary first to get healthy membrane, particularly if there was cystic degeneration, or if there were present the remains of cellular inflammation that should be overcome before attempting any operation.

DR. BOARDMAN remarked that he was very glad to have this subject brought prominently before the society, for he had strong reasons for believing that the importance of these lacerations is not recognized generally by the profession in this vicinity. It is not an uncommon occurrence for him to meet with cases of the kind where the laceration has not been diagnosticated, and the treatment perhaps has repeatedly been applied for what is ordinarily termed ulceration of the cervix. In illustration of this fact he related a case which he had seen within a few days, where there was a marked laceration. About one year ago a prominent practitioner had pronounced that there was nothing the matter with the uterus. A short time afterwards Dr. Boardman said that he saw the patient and advised her to have this operation done. She objected, and, after the usual systematic treatment, she recovered her health, but he told her that her old trouble would probably recur before many months; it has returned, and now she is anxious for the operation.

In regard to the symptoms which the reader mentioned as having been observed in these cases, Dr. Boardman remarked that he had, in his experience, been unable to isolate any as peculiar to this affection, and thought that it could not be diagnosticated except by visual and manual exploration.

DR. BAKER said he did not intend to convey the idea that there was a distinct class of symptoms diagnostic of this affection, but he had noticed that in nearly all of his cases one special symptom, namely, intense heat, or, as expressed by the patients, "a great burning sensation" in the lower part of the hypogastrium was present.

DR. RICHARDSON asked if there was a tendency to abortion, or a return of the accident at the time of delivery, in those cases in which subsequent pregnancy took place.

DR. BAKER said he could not speak from experience with his own cases, but Dr. Harrison reports a case which passed through a subsequent confinement naturally and with safety. An examination afterwards showed the os to be wholly uninjured.

DR. BOARDMAN said it was his impression that Dr. Emmet mentioned, in his paper on this subject, that supervening labors do not endanger the results of this operation.

DR. MARION referred to the favorable effect of the operation upon version of the uterus, and mentioned one case upon which he had operated where a retroversion was fully corrected thereby.

DR. BAKER remarked that he had referred to two cases of version in his paper, in which after an operation for laceration of the cervix the displacement had righted itself.

DR. BOARDMAN again alluded to Dr. Emmet's paper, in which he states that in cases where retroversion has existed before the operation the patient should continue the use of a pessary for a time, else the displacement will most likely return.

DR. CHADWICK said he could not allow the discussion to close without expressing dissent from the impression which might be conveyed to the general profession by it and by Dr. Baker's paper, namely, as to the advisability and necessity of operative procedures in every case of cervical laceration and eversion. He was in perfect accord with all that had been said as to the frequency of these lesions, but in his opinion it was the extreme instances only which demanded an operation. By means of topical astringent applications, stabbing of the ovula Nabothi, the hot vaginal douche, etc., he was usually able to afford relief, generally permanent, to all the symptoms. He believed that the tender mucous membrane of the cervical canal which is so speedily eroded when exposed to friction against the vaginal walls, as it is in these cases, may and actually does, in course of time and by the aid of treatment, become toughened, as do other exposed tissues of the body, so as to endure the new relations without being destroyed. In such cases as had been reported by Dr. Baker he should certainly approve of the operation, but he would reserve it for the extreme cases.

DR. BOARDMAN said he would advise the operation in all cases of lateral laceration, and would give the opinion that the lesions resulting from them could not be permanently remedied otherwise; that if allowed to remain, miscarriage would be very likely to occur in the event of pregnancy.

DR. BAKER thought that where a laceration extended beyond the crown of the cervix down to or through the vaginal junction, an operation was imperatively demanded. Dr. Emmet always operated under these circumstances.

MAY 21, 1877. *Enucleation of the Eyeball.* — DR. JEFFRIES read a paper upon Seventy Cases of Enucleation of the Eyeball.

DR. WADSWORTH referred to one case in Dr. Jeffries' series where enucleation of the eyeball was performed after it had been cut across according to Dr. Noyes's operation, and said he had performed this operation four or five times with success, and had always considered it as safe and effective as enucleation. He asked Dr. Jeffries if he had cleaned out the mass thoroughly, saying that Dr. Noyes insisted upon removing all the nerves and tissues within the sclera, and everything that could excite sympathetic irritation; unless everything was taken out it could not be called Dr. Noyes's operation, nor need it prevent sympathetic trouble. After this operation, he thought everything that could excite sympathetic irritation, except the small portions of the ciliary nerves remaining in the thickness of the sclera, was as thoroughly removed as after enucleation.

DR. JEFFRIES replied that after cutting through the eye he had cleaned out its contents, so that the globe collapsed as much as the general inflammation would allow it to. He thought it impossible to clean out the contents of the globe and the ciliary nerves in advanced cases of panophthalmitis thoroughly. As regards sympathetic irritation, he had seen this arise from a stump wholly sclera and not larger than half a small filbert, as also from a cretaceous lens and injuries to the ciliary region. Dr. Jeffries said that he had supposed that Dr. Noyes's operation was advisable only in those cases where we had the anterior portion of the globe filled with pus.

DR. HAY referred to the medico-legal point involved in the removal of an eye, unless the patient distinctly understands the nature of the operation, and said that he once heard of a case where charges were brought against the surgeon by the patient, who affirmed that she did not understand that the eye was to be removed.

With reference to hæmorrhage after the operation, he mentioned a case where the orbit bled for more than a week, notwithstanding that for much of the time it was stuffed and bandaged. It was necessary to remove the sponges when, in consultation with Dr. Hodges, ice-water was applied, but without success; the next day the parts were cleaned, after which the hæmorrhage ceased, showing, as Dr. Hodges thought, the beneficial effect of the air.

DR. HAY said that he had seldom seen an artificial eye which had a pleasing effect, and asked Dr. Jeffries if he had seen the French ones advertised in the *Annales d'Oculistique*.

DR. JEFFRIES said he had compared the eyes manufactured in Paris with those made in New York and Philadelphia, and did not know of any superiority in the former. He had seen artificial eyes which it was almost impossible to distinguish from the natural. One fact he thought it useful to bear in mind, namely, that artificial eyes, when the enamel is worn, may be polished and thus made to last some six or eight months longer.

Amenorrhœa treated by Electricity. — DR. FOLSOM referred to an article recently published in the JOURNAL, giving an account of cases of amenorrhœa treated by electricity, the current being conducted into the uterine cavity by

¹ JOURNAL, February 18, 1869.

means of the sound, and in the two cases reported affording relief, in one in a few hours, and in the other in several days after the first sitting.

He said that he had treated amenorrhœa by electricity, but, especially in the case of unmarried women, he thought his method more satisfactory, namely, passing the current from the hypogastric to the lumbar region, or *vice versâ*, because with proper directions the duty may be intrusted to an intelligent nurse. In these cases directions were given to apply the faradic current daily until the catamenia appeared, which usually happened after three or four sittings.

He mentioned the recent theory, upheld by the investigations of Waldeyer and Kundrat, that menstruation is entirely independent of ovulation and fecundation, and said he desired to ask the specialists in that department whether such was the opinion now held by them

DR. BAKER said he thought the two processes distinct, though, on account of the periodical congestion of the pelvic organs, they were most likely to come at or about the same time, and mentioned in support of this the fact that, after the removal of both ovaries, menstruation has continued the same as before, and also that women have become pregnant who have never menstruated.

DR. FOLSOM stated that if that theory were true, and consequently the nutritive power of every mature healthy woman is in excess of what she really needs while in the non-pregnant state, the symptom of amenorrhœa is really not so important as it has usually been considered, and by none more so than by the women themselves, being actually conservative in a vast number of unhealthy conditions, especially those dependent on chronic disease, or where the waste of the system is directly in excess of the reparative process. The indications for interfering with amenorrhœa, except by tonics, etc., were therefore not very frequent.

With reference to the use of electricity in amenorrhœa, DR. BAKER said he had passed the current from one hand to the opposite foot, as recommended by Dr. Minot, with beneficial effect. He thought that one electrode applied to the uterine cavity might afford relief more quickly.

DR. MINOT said he had, for many years, been in the habit of employing electricity in the treatment of amenorrhœa, and considered it by far the most efficient means in cases in which the symptom is not dependent upon pregnancy or organic disease. In many cases it is successful when a faradic current is passed from hand to hand, or from one hand to the opposite foot. In more obstinate cases, one electrode should be placed on the sacrum and the other over the pubes. If this fail, an intra-uterine electrode should be employed, the other pole being applied to the abdomen. He had, however, known even this latter method to fail, after repeated trials, in a case of long standing, without discoverable organic complications. The patient was somewhat anæmic though not decidedly chlorotic. In another case, the current passed from hand to foot, on several occasions, failed to produce any effect; the patient, a young unmarried lady, proved to be pregnant, but no injurious result followed the treatment.

Dr. Minot said that this method of treating amenorrhœa had been first suggested to him by the late Dr. Buckingham, whose attention was called to the

subject by the case of a lady in whom the faradic current, passed from one hand to the other for the purpose of amusement, brought on the catamenia.

In reference to the independence of menstruation and ovulation, he observed that women who regularly menstruate every three weeks are, nevertheless pregnant forty weeks, just as those are who menstruate once in four weeks.

Dyspepsia in Infants.—DR. C. P. PUTNAM spoke of nursing children becoming, through the want of a sufficiency of milk, accustomed to a chronic hunger, and showing no well-marked symptoms but those of dyspepsia. Although there may be no evident signs of the child not getting sufficient food at the time of nursing, and the regular feeding and sleeping hours may be maintained, yet there is vomiting accompanied with undigested milk in the stools, and arrest of growth of the child. It would seem as if it had given up all hope of getting sufficient food, for a child that usually gets its fill will always cry if a meal is cut short. Dyspepsia from this cause may be relieved without medication by giving some bottle food with each nursing; but having once had this extra food, the child will no longer be content without it. One may easily be misled into thinking a supply of breast milk sufficient, if the child does not cry for more at the time of nursing, for a little milk may often be pressed from the breast after the child has practically emptied it.

JUNE 4, 1877. DR. BLAKE read a paper upon Unusual Cases in Private Practice.

DR. KNIGHT remarked that paralysis of both posterior crico-arytenoid muscles of the larynx was a very rare affection, and the case reported by Dr. Blake was particularly interesting, inasmuch as it was the only case he knew of in which this condition came on during diphtheria, and, moreover, the only one in which recovery took place in so short a time.

The disease is usually easy to recognize. The symptoms, in the majority of cases, come on very slowly. The voice is generally not affected, but increasing inspiratory dyspnoea is what attracts attention. On examination the glottis is seen fixed permanently in the position of phonation, the glottis chink diminishing instead of enlarging during inspiration. Sidlo reports one case in which there was adhesion of the arytenoid cartilages giving this position of the glottis, but this condition must be extremely rare. The prognosis is always bad, and in chronic cases we never expect to see much improvement.

The recognized treatment is, in chronic cases, tracheotomy at once; in acute cases we may defer it, though we must be prepared to perform it at any moment, in case extreme dyspnoea should supervene.

Ziemssen has collected reports of only nine cases. Dr. Knight said he had seen five cases including Dr. Blake's. In three of them tracheotomy was performed, but there was never any improvement in the condition of the glottis. The fourth declined the operation, and went back to the country, and had not since been heard from. A surgeon in the neighborhood was apprised of the patient's condition, and agreed to call him in case of alarming symptoms. The details of two of these cases were published in the JOURNAL, February 25 and September 30, 1869.

Ziemssen reports beneficial results from the use of the direct and secondary currents alternately in one case.

In reply to Dr. Fitz, Dr. Knight said that, in fact, almost nothing was known about the causation of this affection. In two autopsies pathological changes had been found, in one case in the recurrent and in the other in the pneumogastric and spinal accessory nerves. In another case only fatty degeneration of the muscles was reported.

In answer to Dr. Ellis, Dr. Knight said that the danger in these cases lay in the fact that the glottis was kept closed by the antagonists of the paralyzed muscles, excepting a very narrow chink, which itself might be stopped very quickly by slight inflammatory action, and the patient might die of asphyxia before relief could be obtained.

With reference to obstruction of the trachea after tracheotomy, DR. BRADFORD mentioned a case where the patient coughed up blood casts of the trachea every morning for a week after the operation notwithstanding the constant use of the atomizer, the process of healing being delayed by an attack of erysipelas.

With reference to the case of inversion of the uterus, reported by Dr. Blake, DR. CHADWICK said that he corroborated Dr. Blake's opinion as to the admirable differential diagnosis expounded by Thomas, but the application of these principles in practice, he thought, was not always easy. The uterine cavity is often so much shortened by the traction of a fibroid which is attached to the fundus as to leave the practitioner in doubt as to his diagnosis even after the passage of the sound.

The safest plan to follow in removal of a tumor supposed to be a fibroid is to operate without etherizing the patient. If on tightening the écraseur wire the patient experiences excessive pain, it is quite certain that uterine tissues are being severed, either because the tumor is an inverted uterus or, if a fibroid, because it has so invaginated the fundus as to allow its being grasped by the wire. In either case the pain gives warning in time to avoid unfortunate results.

DR. BAKER referred to the great difficulty sometimes met with in passing the sound or even a small probe in cases of fibroid. He had seen one case in which the skillful hand of Dr. Sims failed to pass the probe, and the diagnosis was made only by the hand in the rectum. This differential diagnosis is extremely difficult when there is a fibroid present with partial or complete inversion. There was at one time at the Woman's Hospital in New York a case of the latter kind. In complete inversion we may succeed in getting the fundus back just within the os externum but no further. In such a case Dr. Emmet once passed silver sutures through the lips of the os so as to retain the advantage he had gained, and on attempting later to proceed with the reduction he found that it had reduced itself.

Taylor's Apparatus for Pott's Disease in the Cervical Region. — DR. C. P. PUTNAM exhibited a patient wearing Taylor's apparatus for Pott's disease in the cervical region, mounted on a plaster-of-Paris jacket, and showed to the society the method of its application. The patient expressed himself as finding great relief from the chin-rest.

Ophthalmoscopic Observation of the Pulsation of the Retinal Arteries. — DR. WADSWORTH showed, with the fixed ophthalmoscope, pulsation of the retinal arteries in a man suffering from insufficiency of the aortic valves and

hypertrophy of the left ventricle. He remarked upon the difference in the pulsation in this disease and in glaucoma. In glaucoma the pulsation consists in a narrowing and widening of the arteries, generally limited to that portion of them situated on the disc. In aortic insufficiency the pulsation may be seen over a large part of the retina, though there is often evident a rhythmical variation in the calibre of the arteries, which is much less pronounced than in glaucoma; the chief characteristic here consists in a change of place of the arteries following each systole of the heart, this change of place being best and sometimes only observed when the artery branches at a large angle to its original course, or when it makes a curve, in the latter case the displacement being toward the side of the convexity of the curve. It has not yet been definitely shown, however, that this pulsation has any special diagnostic value.

Laceration of the Cervix Uteri. — DR. CHADWICK referred to the fact of his having been in a minority of one at the meeting held on May 7th, in objecting to the impression likely to be disseminated by Dr. Baker's report of operations for laceration and eversion of the cervix uteri, and by the discussion that followed. He had then expressed the opinion that an operation was required only in extreme cases, all others being amenable to other methods of treatment.

In proof that this dissent from the opinion expressed was called for, Dr. Chadwick wished to direct attention to a Contribution to the Statistics of Gynaecology, by Dr. V. O. Hardon, of Providence, which appeared in the *JOURNAL* of May 10, 1877.

In the out-patient department of the Rhode Island Hospital, Dr. Hardon had treated twenty-two cases of "uterine disease" in parous women, during the space of three months; of these, nineteen had laceration of the cervix to such an extent as to lead to eversion of the lips and apparent ulceration, and to produce symptoms of sufficient severity to cause them to seek medical aid. These cases still remained under treatment, and Dr. Hardon hoped, at some future time, to be able to give the results. Suffice it to say that the copious vaginal douche of hot water forms the chief element of the first stage of treatment preparatory to the operation devised by Emmet for the restoration of the lacerated cervix to its normal condition. Dr. Hardon seems to imply, from the above, that of every twenty-two patients with uterine disease seen in an out-patient department nineteen will probably prove to be suffering from laceration and eversion of the cervix to such a degree as to give rise to severe symptoms, which can be relieved only by Dr. Emmet's operation. So extravagant a deduction will find immediate refutation in the experience of every gynaecologist. Dr. Chadwick said that Dr. Emmet had stated to him that, in all his large private and hospital practice, he had never, in the course of any one year, met with more than twenty or twenty-five cases in which he deemed his operation advisable or justifiable.

DR. BAKER said he considered the operation absolutely necessary when the laceration extended beyond the crown, down the side of the cervix, to or through the vaginal junction; in short, in all cases that will allow of eversion.

DR. J. G. BLAKE said he coincided entirely with Dr. Baker in his discrimination of cases which require operative interference.

HYDROPHOBIA.

OPINIONS in regard to this disease differ so widely, both in the profession and out of it, that we have refrained from comment upon the cases which have been presented in this and other journals, until we have an array of material of a character so trustworthy that we think few will deny that the disease known as hydrophobia has occurred with such unusual frequency, both in this country and in England, during the present year, in comparison with experience in former years, as to be considered almost epidemic. The necessity of bringing this subject to the attention of the profession is the more urgent as there seems to exist an apathy in the public mind in regard to the dangers of the disease and an unusual activity of the supposed friends of the dumb animal, who jealously watch all changes affecting his welfare.

A perusal of the cases which have lately been reported cannot fail, we think, to impress the professional reader strongly. The standing of the physicians, the accuracy of the observations, and the great similarity of the symptoms are facts which strengthen the coloring of a picture of fatal disease too constant and well marked in its features to be easily mistaken.

Authorities are so widely at variance as to the value of sanitary regulations in the care and rearing of dogs as a preventive measure that it seems almost hopeless to look for aid from this source. In the presence, however, of an actual epidemic it would be but acting from the dictates of common sense to enforce a most stringent license law. There seems to be no reason why dogs should not be subjected to a restraint equal to that imposed on other domestic animals. Any abnormal condition of living which the custom of the day sanctions cannot be otherwise than injurious to the dog as well as his master. As friends of the animal as well as believers in preventive measures we look with satisfaction upon the vigorous enforcement of the license law in New York. This is, of course, but a temporary expedient. There are many points touching the breeding of dogs in cities which deserve the careful consideration of our boards of health.

In regard to the treatment of the human subject, we have no doubt that the percentage of bites which are followed by hydrophobia is an exceedingly small one. Nevertheless we should feel cauterization to be the safer practice at the present time, although we do not pretend to be able to explain how such a measure, more or less delayed as it necessarily must be, could prevent the diffusion of an active poison. The incubation is a long one, the infection may be correspondingly slow. In no account which we have read does the treatment of the disease appear to have been adequate to the emergency. Complete anæsthesia would seem to be the most effectual way of bridging over the forty-eight hours or more of mental and physical agony which precede the inevitable termination. Should the ordinary methods be found to be unsuited to the occasion, rectal, subcutaneous, or even intravenous injections of chloral, pushed to complete anæsthesia, might be substituted. At all events, now that the disease is ceasing to be a novelty, we trust that the clinical interest of the case will not be allowed to interfere with a judicious treatment. Above all we hope that our readers will furnish promptly any facts throwing light upon this most interesting affection.

MEETING OF MEDICAL EXAMINERS.

IN response to the following circular, thirty of the recently-appointed medical examiners met at the rooms of the Massachusetts Medical Society, No. 36 Temple Place, Boston, at twelve o'clock, July 9th : —

The members of the Massachusetts Medical Society holding commissions as medical examiners under the recent act of the legislature are requested to meet at the rooms of the Suffolk District Medical Society, 36 Temple Place, Boston, at twelve o'clock M., on Monday, July 9, 1877, for the purpose of organizing an association, and taking such further action as the interests of forensic medicine may require.

ALFRED HOSMER,
ROBERT AMORY,
J. L. HILDRETH,
S. W. ABBOTT,
F. W. DRAPER.

July 2, 1877.

Medical Examiners Bronson, Presbrey, Dwelly, Lamb, Snow, Dyer, Hildreth, Hartwell, Hosmer, Hurd, Parker, Warren, Holmes, Tower, Abbott, Draper, Amory, Pinkham, Kingsbury, Gleason, Paine, Miner, Morison, Breck, Carlton, Chamberlain, O'Connell, Sullivan, Winsor, and Towle were present and took part in the meeting. Medical Examiner Sabin sent a telegram regretting his inability to be present and expressing a wish that a permanent organization be formed. After the meeting had been called to order, Dr. Alfred Hosmer, of Watertown, was appointed chairman *pro tempore*, and the following action was taken : —

Resolved, That it is the sense of this meeting that the members of the Massachusetts Medical Society holding commissions from the governor and council of Massachusetts organize a society, and take such further action as the interests of forensic medicine may require.

The following plan of organization was adopted : —

(1.) This organization shall be called the Massachusetts Medico-Legal Association.

(2.) This association shall consist of regular and associate members.

(3.) Regular members shall be only those members of the Massachusetts Medical Society who have been appointed and duly qualified as medical examiners, or being so appointed and qualified shall hereafter be duly elected to membership.

(4.) Associate members shall be those persons who may from time to time be chosen as such under the by-laws.

(5.) The officers of this association shall be a president, vice-president, recording secretary and treasurer (in one person), and corresponding secretary, who shall be elected by ballot.

(6.) These (four) officers shall constitute an executive board, whose duty it shall be to carry out the purposes of the association as expressed in its by-laws or by its votes.

The association then elected the following officers: Dr. Alfred Hosmer, president; Dr. Theodore Breck, vice-president; Dr. Robert Amory, recording secretary and treasurer; Dr. Frederick Winsor, corresponding secretary.

The executive board was instructed to present by-laws at the adjourned meeting.

A committee of three, Drs. Pinkham, Sullivan, and Tower, was appointed to report in writing a list of questions in reference to the recent act concerning medical examiners which in its opinion should be presented to the attorney-general for interpretation, and also to consider and report upon the question of fees for expert testimony presented in court.

The meeting then adjourned until July 23d, at the same place, at half past eleven o'clock.

MEDICAL NOTES.

— The trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held at Providence, June 13, 1877, gave notice that they had made no award on the subjects given by them for the present year. They propose the following subjects for the year 1878:—

- (1.) The causation of typhoid fever.
- (2.) Diphtheria: its causes, diagnosis, and treatment.
- (3.) Alimentation in acute diseases.

For the best dissertation on either of these subjects, worthy of a premium, they offer the sum of two hundred dollars.

— We learn from Dr. John Spare that Mr. James Webb, the man so noted as affected with abnormal thirst for a great number of years, is still living at his home in New Bedford, in good health. This case was described in the *New England Journal of Medicine and Surgery* in 1814. A neighbor of his relates that his thirst is much less than in middle life; but still his bucket of water is always placed near his bedside for convenient drink at night.

— Some idea of the size of London may be obtained from the following, which we take from *The Medical Press and Circular*: London, the greatest city the world ever saw, covers, within a fifteen-mile radius of Charing Cross, nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself; more Jews than the whole of Palestine; more Irish than Dublin; more Scotchmen than Edinburgh; more Welshmen than Cardiff. It has a birth in it every five minutes, and a death in it every eight minutes; has seven accidents every day in its 7000 miles of streets; has 123 persons every day, and 45,000 annually, added to its population; has 117,000 habitual criminals on its police register; has 23,000 prostitutes; has as many public-houses as would, if placed side by side, stretch from Charing Cross to Portsmouth; has 38,000 drunkards annually brought before its magistrates; has as many paupers as would more than fill every house in Brighton; has 60 miles of open shops every Sunday; and has an influence

on the world represented by the yearly delivery in its postal districts of 238,000,000 letters.

— The Chamber of Deputies at Vienna has recently passed a law for the suppression of drunkenness in Galicia and Bukovina, which contains the two following provisions: No suits shall be allowed against an individual for debts contracted in an ale-house while he was in a state of intoxication. It is also forbidden to every person who shall have been punished three times for drunkenness during the same year to enter an ale-house, even if he is hungry. This last means for the suppression of drunkenness, says *L'Union médicale*, will make drunkards tremble, — to pass by an ale-house without being allowed to enter!

— It will be remembered that the legislature of California, at its last session, passed an act to regulate the practice of medicine in that State, and provided for the appointment of a board of examiners to determine what persons are duly qualified as practitioners of medicine and surgery. Accordingly, at the last annual meeting of the Medical Society of the State of California a board of examiners was appointed. This board has worked hard during the past year, and has determined the status of nearly one thousand physicians. The secretary of the board, Dr. W. A. Grover, has prepared a catalogue from the material thus collected, giving the standing of each physician; it also contains a copy of the act. It is a valuable book of reference, and might in future editions be made still more so by the addition of such matter as is to be found in our Eastern registers.

BOSTON CITY HOSPITAL.

SURGICAL CASES OF DR. THORNDIKE.

[REPORTED BY GEORGE W. GAY, M. D.]

CASE I. Compound Fracture of Skull; Paralysis from Depressed Bone; Hernia Cerebri; Death from Exhaustion in Eighty Days. — Dennis C., thirty-two years of age, was brought to the hospital at 6.45 P. M., March 6, 1877, in a totally unconscious condition. He had fallen through a bridge upon a railroad track, and received an extensive compound comminuted fracture of the right side of the skull, in the region of the parietal eminence. The fragments were depressed, and the membranes and brain substance lacerated. The hæmorrhage was considerable.

Fifteen minutes after admission the left side of the face and the left arm and leg were paralyzed. The right pupil was dilated and insensible to light. The face was drawn forcibly to the right side, but the tongue was straight. Sensation was diminished on the left side but was normal on the right side. At the time of the accession of the paralysis the pulse dropped from 100 to 80.

Dr. Thorndike being absent, Dr. Cheever raised and removed several fragments of bone without etherizing the patient, leaving an opening in the skull three by two and a half inches in extent. Immediately on raising the bone the paralysis disappeared, and the pulse went up to 112. Partial consciousness returned, so that the patient was able to answer questions and give some account of himself within a few hours. Ice-bags were applied to the head.

The next day the patient was conscious and had no paralysis, but convulsive movements set in. They soon passed away, however, leaving him pretty comfortable.

Palsy of the left hand made its appearance in about a week after the accident, and it was predicted for the reason that the temperature of the left axilla was two degrees higher than that of the right, for twenty-four hours previous to the paralysis. It was 102° in the former, and 99.9° in the latter. This fact has been noticed in the hospital in other cases of palsy following head injuries. In the present instance the difference in the temperature of the two sides persisted, to some extent, till death.

A hernia of the brain became developed in about three weeks, and grew to be upwards of four inches in diameter. The patient was troubled a good deal with headache and restlessness, and the palsy of the left side became complete. Emaciation and loss of strength gradually increased, although the patient remained conscious till near the last. Death took place May 25th, eighty days after the accident. There was no autopsy.

The following are some of the peculiar points in this interesting case: the great amount of injury to the skull and its contents; the unusual size of the hernia cerebri; the sudden return of consciousness on raising the depressed bone, and its constant continuance afterwards till death was about to take place; the higher temperature of the palsied side, which preceded paralysis and persisted to the end of life; and finally the remarkable length of time during which the patient survived his injuries.

CASE II. *Fracture of the Base of the Skull; Hemorrhage from the Ear; Paralysis; Recovery.* — Mr. —, fifty-four years old, a carpenter, was struck by a plank, which fell forty feet and knocked him against a pile of lumber. Admitted December 19, 1876, under the care of Dr. Thorndike. When brought to the hospital, soon after the injury, he was very restless, talking incoherently, and tossing about. Pulse was 80; skin cool; bleeding from the left ear, and vomiting blood. No signs of external injury about the head. There was a comminuted fracture of the left humerus and left leg, both in the middle third. Cold applications were made to the head, and temporary splints were adapted to the limbs. He was expected to die in a short time.

The next day he was conscious and more quiet. He spat some blood and vomited a "coffee-ground" substance during the night.

Five days after the accident there was drooping of the left eyelid and paralysis of the whole of that side of the face. Two days later he was delirious, and swallowed and articulated with much difficulty. The sensation of the right side was diminished. It should be said that the delirium was preceded for some days by a dull headache.

January 2, 1877. His speech and power of swallowing were improved, but there was still a light-colored discharge from the left ear.

January 10th (twenty-two days after accident). The patient was removed from the hospital by his friends. He had some headache, and the paralysis of the face still persisted; the left eyelid drooped and the tongue pointed to the left side. The discharge from the ear had ceased. The leg and arm were doing well. He has since been heard from as being well enough to get out-of-doors.

A recovery from a fracture of the base of the skull is so rare an occurrence that the diagnosis may be very justly questioned. Bryant says that facial paralysis combined with a bloody or serous discharge from the ear renders the diagnosis of fractured base complete. The above patient had these symptoms in a marked degree.

CASE III. *Compound Fracture of the Skull; Hemiplegia accompanied by a Higher Temperature on the Affected Side; Death in Three Days.* — Mr. B., aged thirty-seven years, was brought to the hospital January 8, 1877. He had been kicked on the head by a horse, but did not lose consciousness. The right pupil was slightly dilated, but there was no paralysis. There were two wounds on the right side of the head, leading down to a comminuted fracture of the parietal bone.

The patient having been etherized, Dr. Thorndike removed several fragments of bone from the wounds, and also a small piece of a felt hat. Ice-bags were applied to the head, and an opiate was ordered to relieve pain. The patient was conscious the next day, but slight paralysis of the left side began to show itself, and the temperature of the corresponding axilla went up to 102.2° , while it was only 101.2° on the right side.

The third day of the injury the left side was completely paralyzed. The temperature in the left axilla was 104.5° , and only 102.5° in the right. During the day he became unconscious, and both pupils were widely dilated. He gradually failed and died January 11th, three days after the accident. A short time before death the temperature was 107.5° on the paralyzed (left) side, and 105.4° on the other. These observations were very carefully made by two different thermometers, and may be relied upon as being correct.

DR. BOWDITCH'S CLOSING REMARKS AT THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

MESSRS. EDITORS, — According to your request, I send you a copy of my remarks, made toward the termination of the late session of the American Medical Association, and immediately before those by Dr. Richardson, the president elect, which you printed in a former number of this journal.

Faithfully yours,

HENRY I. BOWDITCH.

GENTLEMEN, — The time for the closing of this session of our association has now arrived. It seems to invite me to say a few parting words. I believe I have no precedent for what I shall say, and I trust that I shall not, by this action, entail any unpleasant duty on my successors. But, gentlemen, I dare not trust myself to extemporaneous speech.

I thank you with all my heart for the great kindness you have shown to me in selecting me as your presiding officer during the past year. That you placed me here voluntarily, without solicitation on my part, or (with my knowledge) on the part of my friends, has been deemed by me the highest and sweetest honor of my life.

I thank you, also, for your courtesy displayed during this meeting. There

may have been other meetings equally harmonious, but none, I am sure, more united than the present has been.

Permit me, in this connection, to indulge in a few reminiscences of the past. They present very striking differences from what has been observed during this session. While, perhaps, serving to amuse you, for a few moments, they will also tend to show you how much this association has grown in an honorable self-restraint, from the license of earlier days.

I was chosen secretary at the meeting held in Baltimore in 1848. I served two years, and I know whereof I speak. I wish I could bring up before you distinct pictures of the wild tumults, which often prevailed at our meetings. The sessions resembled nothing, except perhaps some of the riotous displays, witnessed during the closing scenes of our national congress, when both parties are very nearly balanced and party feeling runs high. Possibly, a few of the older members remember how often we unseated our presidents, and made our favorite, Dr. Knight, of New Haven, chairman of "a committee of the whole." The scenes to us secretaries, though unpleasant and, as we thought, disgraceful to the association, were often inexpressibly ludicrous. We silently laughed, at the expense of our elders, to our hearts' content.

Permit me, *calamo currente*, to give you a few pen-and-ink sketches of some of the giants of those days. Each one will present, what to me seemed, the characteristic traits of the part of the country from which the speaker came.

Let us begin at the North. A Massachusetts man, of more than the usual height, and with sonorous voice, appears. He has long been a tinkerer of by-laws in the Massachusetts Medical Society, in which learned and ancient body there had been, for many years, nothing but by-law making and unmaking at every meeting.¹ We were indeed a by-law-ridden association. It was therefore entirely natural that our Massachusetts member should come up, even at that tender age of the association, namely, two years, and bring with him several foolscap sheets of constitution and by-law amendments; and it was an amusing scene to watch the sudden extinguishing of his newly-born zeal. The association would have nothing to do with him, or his amendments.

Next comes up to my mind's eye a very earnest business man from New York; quite satisfied that everything should be done in business style, and possibly of the New York type, which was quite equal, he thought, if not superior, to the mode of working pursued in any other city. Unfortunately, the association did not think as he did, apparently to his great disgust.

Then appears upon the scene the calm and dignified Pennsylvanian, showing a just pride in his alma mater, the University of Pennsylvania; a believer in Rush as the Magnus Apollo of the profession, as he really was and seems now, when we look back upon him and upon his works. But even the Pennsylvanian's dignity was crushed by the heterogeneous mass of humanity it came in contact with.

I hear now, as if it were but yesterday, the clarion voice of the member from Ohio; his stump oratory, with its "tearing of a passion to tatters," even upon some of the smallest of themes; and yet he was a most honest, earnest,

¹ A witty friend of mine, a councillor of the society, once remarked that he thought it would be well to have a standing committee on by-laws whose sole duty should be to report, for every meeting, either some new law, or some amendment of an old one.

intelligent man; much to be commended, and alas! too early lost to our profession. *His* voice also was drowned in the multitude of resolutions and amendments, heaped upon him, and upon the unfortunate president, who was wholly unacquainted with nearly all the rules of parliamentary debate.

From far-off Arkansas, which had ever been, to most of us Northern men, the land where the bowie knife was invented and used freely, came a stentorian voice, which seemed, at times, to ring, as it were, with a bowie-knife kind of eloquence, amid the sharp cuts and thrusts of hot debate. But he too was as nothing, before the loud protests of his Northern, and Eastern, associates.

You can now, in some measure, perhaps, imagine what terrible tornadoes of debate our former meetings often presented. Compare them with that smooth trade-wind (to carry out the simile), upon which we have floated steadily, amid the blandest of atmospheres, during this entire session, and you will understand readily the vast difference between the two periods. That difference I take to be a proof that this association has grown in a conscious self-respect, as well as in years. It was a weak, puny yearling in 1848, and knew not its own wishes. It was petulant, very unwieldy, and wholly uncontrollable, even by those who were its appointed guardians. It has since reached a stalwart, somewhat self-restrained, period of youth. It is destined eventually to arrive at manhood. It is, as yet, far from that epoch.

One more circumstance I desire to speak of, which my heart and my warm reminiscences of a beloved friend induce me to lay before you. I have given a few slight hints of the various idiosyncrasies of the speakers, from the different parts of the country, as shown at the general meetings. Identically the same kinds of uproar occurred at the meetings of the National Committee, of which I was a member, as a delegate from Massachusetts. They were less noisy, it is true, because fewer spoke at the same time. On one occasion, however, when we were in utter confusion, a young man arose, whose face and whole deportment, had previously riveted my attention. In truth, I may say, it was love at first sight, on my part certainly. With great dignity and a gravity of deportment in striking contrast with every other speaker, he had uttered but a word, when we were instantly subdued and all attentive. His voice was low and sweet, like that of woman, but of a manly richness of tone. His words were few, but they unraveled, with a winning grace, most of our entanglements. We all bowed before that influence, and acquiesced in his suggestions, as to the leading of a gentle but superior nature. All honor and reverence to the memory of Dr. Peter C. Gaillard, of Charleston, South Carolina, the perfect gentleman, the honest scholar, the kind, unswerving, life-friend. If I had received no other benefit from this association, I should forever support it heartily, because of my many years of delightful friendship, enjoyed with that excellent man, previous to his death.

Let me, gentlemen and associates, now turn to the present hour. Soon we shall separate, some of us never to meet again. Let us part friends in deed and in truth, brothers of a "most noble art."

Last year South Carolina gave her right hand of fellowship to Massachusetts. This year Massachusetts extends her hand, in most cordial friendship, to Louisiana.

Where is the man in this nation who objects to this? Massachusetts, supported, on either hand, by South Carolina and Louisiana! God, bless the Union! And may all the people say, "Amen."

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING JULY 7, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	673	32.49	27.46
Philadelphia	850,856	403	24.63	22.88
Brooklyn	527,830	264	26.01	24.31
Chicago	420,000	219	27.11	20.41
Boston	363,940	117	16.72	23.39
Providence	103,000	18	9.09	18.34
Worcester	52,977	9	8.84	22.00
Lowell	53,678	15	14.53	22.21
Cambridge	51,572	9	9.08	20.54
Fall River	50,372	9	9.29	22.04
Lawrence	37,626	10	13.82	23.32
Lynn	34,524	19	28.62	21.37
Springfield	32,976	6	9.46	19.69
Salem	26,739	5	9.72	23.57

CASES OF KNOT IN THE UMBILICAL CORD.

MESSES. EDITORS, — Having noticed several cases of knot in the umbilical cord reported in the JOURNAL, I send you a description of a case that occurred in my practice February 11, 1873. Mrs. G., aged forty-one, was delivered of her sixth child after a short and easy labor before I could get to her. The child was living, looked healthy, and weighed eight pounds. On removing the placenta I was surprised at the length of the cord, which, by estimate, must have been at least three and a half feet. About one and a half feet from the placental end was a knot, with the appearance of having existed some time. It was not drawn tight enough to prevent circulation, but the sides of the cord composing the knot were contiguous. My theory was that the child in its movements passed through a loop in the cord some time previous to its birth. The child lived and did well.

URTON, MASS., July 9, 1877.

JEROME WILMARTH, M. D.

MESSES. EDITORS, — Your journal has recently contained several cases of knots in the umbilical cord, and I add one more to the list.

Mrs. Beckrath, aged twenty-one, primipara, was delivered August 4, 1876, of a boy. The cord was long (fifty-seven inches), encircled the neck and chest of the child five times, and it was necessary to cut it after the head protruded in order to permit the exit of the child. There were found in the cord two firmly tied knots, one near the placental and the other near the umbilical extremity. The placenta came away easily with a pain soon after the expulsion of the child. The child gave a single cry when the mouth was free, and then became still. It required fifteen minutes' incessant labor to resuscitate the child, who is still living.

Very respectfully,

E. F. WELLS, M. D.

MINSTER, OHIO, July 10, 1877.

CONNECTICUT MEDICAL SOCIETY. — The eighty-sixth annual meeting of this society was held at Hartford, May 24th and 25th, Dr. A. W. Barrows, president, in the chair. The following officers were elected for the ensuing year: President, Dr. R. Hubbard, of Bridgeport. Vice-President, Dr. C. M. Carleton, of Norwich. Secretary, Dr. C. W. Chamberlain, of Hartford.

AMERICAN OPHTHALMOLOGICAL SOCIETY. — The annual meeting of this society will be held July 26th and 27th, at the Cataract House, Niagara Falls.

At the annual meeting of the Rhode Island Medical Society the following-named Fellows were nominated and elected officers for the ensuing year: —

President, Charles H. Fisher, M. D., North Scituate.

First Vice-President, Edward T. Caswell, M. D., Providence.

Second Vice-President, George P. P. Baker, M. D., Providence.

Recording Secretary, W. E. Anthony, M. D., Providence.

Corresponding Secretary, E. M. Harris, M. D., Providence.

Treasurer, T. Newell, M. D., Providence.

Censors, Ariel Ballou, M. D., J. H. Eldredge, M. D., W. O. Brown, M. D., David King, M. D., Otis Bullock, M. D., S. Clapp, M. D., J. W. C. Ely, M. D., George L. Collins, M. D.

MEDICAL SOCIETY OF NEW JERSEY. — The one hundred and eleventh annual meeting of this venerable society was held at Trenton, May 22d and 23d, the president, Dr. J. W. Schenck, of Camden, presiding. The following officers were selected for the ensuing year: President, H. R. Baldwin, M. D. Vice-Presidents, Drs. John S. Cook, A. W. Rogers, and A. N. Dougherty. Secretary, William Pierson, Jr. The next meeting will be held at Spring Lake.

DRS. F. G. MORRILL and E. G. CUTLER have been added to the staff of out-patient physicians at the Massachusetts General Hospital.

DR. S. H. WEEKS, of Portland, has been appointed professor of anatomy at the Medical School of Maine.

BOOKS AND PAMPHLETS RECEIVED. — *Diseases of the Mind. Notes on the Early Management, European and American Progress, Modern Methods, etc., in the Treatment of Insanity, with especial reference to the Needs of Massachusetts and the United States.* By Charles F. Folsom, M. D., Secretary of the Massachusetts Board of Health. Boston: A. Williams & Co. 1877. Pp. 109.

President's Annual Address to the Medical Association of the State of Missouri. By John W. Trader, M. D.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. XV. *Diseases of the Kidney.* By Professor Bartels, of Kiel, and Professor Ebstein, of Goettingen. Albert H. Buck, M. D., New York, Editor. New York: William Wood & Co. 1877. Pp. 796. (From H. D. Brown, Cornhill, Boston.)

Constitution and By-Laws of the Georgia Medical Society, to which is appended the Act of Incorporation, List of Officers and Members, Fee Bill, etc. 1877.

Notes on the History and Climate of New Mexico. By Dr. Thomas A. McParlin, Surgeon United States Army. From the Smithsonian Report for 1876. Washington: Government Printing Office. 1877.

The Toner Lectures. Lecture V. On the Surgical Complications and Sequels of the Continued Fevers. By William W. Keen, M. D., of Philadelphia. Washington: Smithsonian Institution. April, 1877.

Living Witnesses, or Voices from the Inebriates' Home, Fort Hamilton, Kings County, N. Y. 1877.

Annual Announcement of the Hospital College of Medicine, Medical Department of Central University, Louisville, Kentucky. 1878.